

Hypertension Identification, Education, and Follow-up (FY05-5049)

The health problem or issue

Although most military personnel get their blood pressure (BP) checked during physicals, 22 percent of military personnel do not know the result. According to the Department of Defense (2004 data), only 49% of military personnel who have a history of hypertension have taken action to control their high blood pressure.

Outcome

Twenty-two hypertension group screenings were held from April 2005 to October 2005. Three hundred and nine people were screened for hypertension. Stage 1 or stage 2* hypertension was identified in 17.5% of those screened. Individual blood pressure re-screenings and/or health care provider referrals were made as appropriate. At the two month assessment, 37% of individuals originally identified with stage 1 or stage 2 hypertension had normal blood pressure, due to diet changes, exercise, medication, decreased stress or other reasons.

**go to: http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html for definitions of stage 1 and stage 2 hypertension.*

Impact on force readiness and deployability

Hypertension is a major health risk and can lead to other morbidities. High stress associated with deployment can put military personnel with untreated hypertension at risk for potential stroke and cardiac events. Those with hypertension who are identified and managed are less likely to have an acute event.

Demonstration of program effectiveness and/or impact

Individuals who were identified as at least stage 1 hypertension are instructed to follow up with a repeat BP screening. If BP remained at stage 1 or higher, participants were instructed to make an appointment with their health care provider. In addition, follow up was conducted regarding hypertension management for those who were referred to a health care provider.

Unique and/or innovative program aspects

This initiative took blood pressure assessment and education directly into a community. Follow-up phone calls were made to ensure that a second measurement was done for those with elevated BP. For those with a second elevated BP, project implementers followed up to make sure that appointments with providers were made and kept.

Challenges to effective program implementation

- Face-to-face time is very important. Go to Soldiers where they are.
- Make screenings convenient: do screenings at lunch time, on the weekend, and during drill weekends, if possible.
- Provide continuing education to health care providers so they can educate their patients as to what a blood pressure reading means.

Lessons learned

- Blood pressure screening should be more than just telling a participant a set of numbers. Effective screening should also include education regarding what blood pressure numbers mean.
- Short messages sent via email, which include interactive internet links (such as an online calculator that enables you to see risk factors for high blood pressure), are an effective means of raising awareness.
- Deliver the message that blood pressure is an excellent monitor of overall health.
- Soldiers are more receptive to the blood pressure “message” if they have had a family member with significant blood pressure issues.
- Advocate that Soldiers keep track of their blood pressure readings whenever they are taken, so that they can see any trends that develop.

Contribution to the HPPI portfolio

Addition of hypertension resources to the HPPI portfolio; evidence regarding effective means of tracking referral compliance